ABSTRACT

SOCIAL WORK

BOWERS, TRACY L. B.A., San Jose State University, 1989

Advisor: Professor Hattie M. Mitchell

Thesis dated April, 1992

PRENATAL CARE UTILIZATION AMONG AFRICAN-AMERICAN ADOLESCENTS

The purpose of this study was to explore utilization, level of satisfaction, accessibility, personal perceptions of pregnant African-American adolescents utilizing prenatal care services. Interviews were conducted with 30 African-American adolescents ages 13-18, at Job Corp in Atlanta, Georgia.

Findings indicate that the majority of the pregnant African-American adolescents had been influenced to seek care by their mothers. The adolescents rated the care they receive as very satisfactory.

The results from this study demonstrate a need for health care professions to be aware of external and internal barriers that prevent pregnant African-American adolescents from seeking prenatal care services.

PRENATAL CARE UTILIZATION AMONG AFRICAN-AMERICAN ADOLESCENTS

A THESIS

SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR

THE DEGREE OF MASTER OF SOCIAL WORK

BY

TRACY LEANDREA BOWERS

SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA

APRIL 1992

ACKNOWLEDGEMENTS

To God be the Glory for the things He has done. This is dedicated to the memory of my father, Eugene Henderson Bowers, who taught me that education is a valuable tool and it will help me to reap many rewards; my mother, Linda Karen Bowers, and sister, Karen Michelle Bowers, who sacrificed much to aid me in my educational goals; to the rest of my family and friends that gave me support and spiritual encouragement and had faith in me to successfully complete this graduate program. Last, but not least, I would like to thank Professor Hattie M. Mitchell for her invaluable help and support during this tedious journey.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER ONE

INTRODUCTION

Approaching the 21st century, the United States is faced with a major health and social problem -- teenage pregnancy. The United States teen birth rate is higher than most industrialized countries. Statistics illustrate one million teenage girls (11% of all adolescents) become pregnant each year.[1] If the current trend continues it is estimated that 40% of all adolescents black or white 14 years of age will become pregnant prior to their 20th birthday.[2] In 1991, the state of Georgia, reported 28,191 pregnancies among teenagers, 18,847 (63%) resulted in live births.[3] A vast majority of these pregnancies are unplanned and unwanted resulting in delayed prenatal care.

African-American adolescents have the highest birth rate of all adolescents (87 births per 1000 in 1982 for

---

[1]Susie Spence, Ph.D., "Black Adolescents' Participation in a Prenatal Care Program," Child and Adolescent Social Work, No. 5 (October 1991): 387.

[2]Ibid.

[3]Piper R. Burks, Racism, Sexism, and Social Class: Implications for Preterm Delivery Among Black Women. Paper presented as part of symposium at the monthly meeting of the Parent Infant Resource Center, Atlanta, Georgia, 29 January 1992.

females under age 20).[4] The higher birth rate for African-Americans can be accounted for by earlier initiation of sexual intercourse; less use of contraception; less likelihood of abortion; and an almost universal decision to keep and rear children who are born.[5]

Teen pregnancy draws attention as a major health and social problem among African-American adolescents because it results in negative social and psychological consequences. Including depression, anxiety, anger, psychosomatic symptoms and feelings of helplessness. Also this promiscuous behavior puts the adolescent at risk for contracting various forms of sexually transmitted diseases or the HIV-virus. This subsequently jeopardizes the unborn and increases the risk for a handicapped infant or pediatric death. The most crucial factor of this new dilemma is prenatal care. Early prenatal care has a high correlation to having a healthy baby.

The focus of this study is on those factors that influence utilization of prenatal care services among pregnant African-American adolescents. This will be done by investigating the following: attitudes and supports that the African-American adolescent has concerning prenatal

---

[4]Rosina M. Becerra and Eve P. Fielder, "Adolescent Pregnancy," Encyclopedia of Social Work, 1987.

[5]Jewell Taylor Gibbs, Larke Nahme Huang and Associates, Children of Color (San Francisco: Jossey-Bass Publications, 1989), p. 198.

care. More explicitly an indepth analysis of demographic and financial background, sex education and prenatal care information. The results of this descriptive study will enhance social workers and other related health care fields to better provide for the medical, psychological and social needs of this population.

Statement of Problem

Research has not devoted efforts to increasing our knowledge about utilization of prenatal care among African-Americans. Prenatal care is a critical medical, social and psychological issue. Prenatal care is correlated to a healthy outcome. Early intervention of prenatal care reduces the number of low birth weight babies, babies with complications, handicaps, mortality and morbidity rates.

Research studies note that young pregnant African-Americans do not adequately use prenatal care services. Reports indicate adolescents are more likely to deny the pregnancy. Thus by the time African-American youth are referred for treatment their symptoms may be more severe and intervention may be more intensive.[6] There is a prevailing belief that the natural function of child bearing requires no medical intervention until the delivery stage.

---

[6]Susie Spence, Ph.D., "Black Adolescents Seeking Prenatal Care," Child and Adolescent Social Work, no. 7 (August 1990): 286.

Statistics indicate that only 20% of girls age 15 years old and under receive prenatal care during the first trimester of pregnancy; the period considered most crucial for pregnancy outcome.[7]

African-American adolescents experience many obstacles when seeking prenatal care. External obstacles as suggested by researchers include socio-demographic factors such as race, income and population size. It is reported that the larger the proportion of African-Americans in a geographical area, the less likely there are adequate prenatal care services. Financial obstacles to care include receiving Medicaid or the absence of any health care insurance and simply the inadequate of the overcrowded government funded health care systems, for indigent populations.

Internal obstacles for the use of prenatal care systems are influenced by attitudes, beliefs and experiences. In general women evaluate whether or not the prenatal care is of value, is being pregnant a health problem and what influence is the emotional support system. Another hinderance in utilizing prenatal care is different cultural values, and general lack of knowledge and fears of providers and procedures.

---

[7]Susie Spence, Emmadene Twinston and Jane P. Adam, "Black Adolescents Participation in a Prenatal Care Program," Child and Adolescent Social Work, no. 5 (October 1991): 388.

Awareness of the above said conditions by social workers and other professionals can reduce public overspending on teenage parenthood and channel monies into outreach services. If the social worker is to assist the African-American pregnant adolescent to become responsible in terms of making decisions about prenatal care, more needs to be known about how the adolescent perceives and feels about prenatal care. In this way, more could be understood about the dynamics of the adolescents decision making in the utilization of existing services.

This understanding could be significant in the development of the social worker who will be working with adolescents. The social worker in turn would be operating on a more effective level as a result of this added knowledge and understanding.

Purpose/Significance

Lack of information exist about the utilization patterns of prenatal care services by African-American teens. In order to continue to properly serve these adolescents more information is needed on the characteristics of this particular group. The purpose of this descriptive study is to explore, identify and address any factors cultural, physical, social, or psychological which may act as barriers to utilization of prenatal care services. More specifically accessibility of prenatal care

services, satisfaction with services and personal perceptions about prenatal care.

CHAPTER TWO

REVIEW OF LITERATURE

This review of literature encompasses three major areas pertaining to prenatal care utilization among pregnant African-American adolescents:

1. Teens' sexuality attitudes and trends, pregnancy and outcomes,
2. Characteristics of African-American adolescents, and
3. Prenatal care.

In reviewing the literature on African-American adolescents in regards to sexual behavior and teen pregnancy there is a changing world view.

Ladner has found that the changing world view of today's youths precipitated by the rapidity and scope of changes in the wider society, has brought about unprecedenting shifts in attitudes, values and behavior.[1]

Adolescence is the period of transition from childhood to adulthood. The typical adolescent is a combination of child and adult. Pillari notes that this teenager has physical growing pains as well as the need to

---

[1]Joyce Ladner, "Teenage Pregnancy: The Implications for Black Americans," No. 2 (Fall 1984): 71.

be separate and be his or her own person.[2] Females tend to identify themselves through relationships with others.

Gordon and Libby state that peer females typically relate more closely to the family, while the male is concerned with his emerging role outside the family.[3] In their study on sexual attitudes and behaviors among adolescents, the authors found that there is major conflict between the courtship institution/dating and the family. However, most importantly, intimacy goes along with identity. There is sexual experimentation among adolescents. Sexual experimentation becomes a high risk behavior. Dryfoos states that high risk behaviors center on three critical factors: early intercourse, unprotected intercourse, and early unintended childbearing.[4] The most documented changes concluded from her study on high risk behaviors are that the age of the first sexual experience is very young. Consequently being sexually active at a very early age has negative outcomes, particularly, pregnancy, sexually transmitted diseases or AIDS.

---

[2]Vimala Pillari, Human Behavior in the Social Environment (Belmont, CA: Brooks/Cole Publishing Co., 1988): 179.

[3]Sol Gordon and Roger W. Libby, Sexuality Today and Tomorrow (North Scituate, MA: Duxbury Press, 1978): 180.

[4]Joy G. Dryfoos, Adolescents at Risk: Prevalence and Prevention (New York, NY: Oxford University Press, 1990), p. 65.

Chilman, Nunnally and Cox found that the rate of nonmarital childbearing is much higher among black adolescents with 86% of babies born to this group being to unmarried mothers compared to about 19% of whites.[5] It is stated that early childbearing may be expected and accepted among certain cultural groups. The findings in this study indicate multiple factors such as biological, social, psychological, familial and economic factors tend to be associated to teen pregnancy. For example, nonmarital intercourse, failure to consistently use contraceptives, failure to terminate pregnancy through abortion and failure to marry before child's birth.

Adolescents age appropriate struggles toward autonomy may prevent them from seeking help with prenatal care services. The developmental task include abstract thinking, complex decision making and expression of feelings. Weatherly et al., states that adolescents respond to the pregnancy with denial and a facade of indifferences.[6] Some adolescents who are pregnant or parenting may suspect they are being treated for a problem that does not exist. Many expectant teens miss appointments and may appear to be indifferent once at the prenatal care appointment.

---

[5]Catherine S. Chilman, Elam W. Nunally and Fred M. Cox, Variant Family Forms, vol. 5, Families in Trouble Series (Beverly Hills, CA: Sage Publications, 1988), p. 18.

[6]Richard A. Weatherly and Virginia G. Cartoof, Variant Family Forms, vol. 5, Families in Trouble Series (Beverly Hills, CA: Sage Publications, 1988), chap. 2 passim.

Since pregnancy is unplanned many pregnant adolescents are unaware of the available services. Others become disengaged and have hopes of being rescued by parents and boyfriends. Many teens are unaware of parent consent requirements and confidentiality. Many are unaware of prenatal care providers or clinics restricted hours and inconvenient locations.

Many of the deleterious outcomes often associated with early childbearing reflect the adverse effects of poverty and racism on the lives of pregnant and parenting adolescents rather than their youth. Probable effects of early parenthood include welfare dependency, school dropout, larger family size, unemployment and poor developmental outcomes for children. The health status is an important indicator of a person's social position as well as of the present and future being. Jaynes and Williams state that adolescent motherhood regardless of race predicts lower educational and occupational attainment, lower wages, and increased risk of living in chronic poverty compared with peers who postpone parenthood.[7]

Being young and pregnant also comes with major complications in terms of emotional, social and physical problems. Spence states emotionally adolescence is a time

---

[7]G. Jaynes and R. Williams, A Common Destiny Blacks and Americans Society (Washington, DC: National Academy Press, 1989), p. 412.

of tremendous stress.[8] They also experience role conflicts: being a teenager (and its developmental task) and being a parent. Socially, teen pregnancy is attached with a stigma, the young age as well as unmarried. Pregnant teens are highly susceptible to physical and medical complications or conditions due to nutritional and medical care inadequacies.

The health status of the pregnant adolescent has a direct bearing on the health condition of the unborn and ultimately the newborn.

Teen pregnancy is a crisis to everyone. Families are usually the most consistent sociocultural group providing assistance in coping with daily parenthood. Ladner reports that teen pregnancy robs the family of its stability and strength. Most adolescent parents remain at home and receive considerable help from their families -- emotional, support, child care, and financial aid.[9]

John and Winston state that when adolescents are confronted with undesirable events and ongoing stress, they feel less psychological distress when they have a high level of social supports.[10] Social support is a function of the

---

[8]Susie Spence, Ph.D., "Black Adolescents Seeking Prenatal Care," Child and Adolescent Social Work, No. 7 (August 1990): 286.

[9]Ibid.

[10]Craig St. John and Terry Winston, "The Effect of Social Support on Prenatal Care," Journal of Applied Behavioral Science, No. 25 (February 1989): 81.

quality of one's relationships and the resources they provide.

Emotional aid operates by bolstering the recipients sense of self-esteem and mastery of the environment. Emotional aid can take the form of affection, approval, concern, sympathy and actions leading one to feel a sense of belonging, identity and security.

Instrumental aid can take the form of monetary assistance, help with meeting responsibilities, advice and information.

Gibbs and Huang state that African-American youths are more likely to live in deteriorating central-city neighborhoods, in substandard housing with poor sanitation, located in urban areas with depressed economics.[11] There is much less access to health and mental health services in these areas. These social and economic characteristics of inner-city neighborhoods generate chronic levels of stress for African-American adolescents.

African-American adolescents develop self-concept and self-esteem from reflected appraisals of parents, relatives and peers in their own ethnic community. However, the multiple problems of such as poor housing, insufficient incomes, unemployment and interpersonal conflicts may

---

[11]Jewell Taylor Gibbs, Larke Nahme Huang and associates, Children of Color (San Francisco, CA: Jossey-Bass Publishers, 1989): 181.

inhibit and emboil the adolescent, inhibit their development and threaten the well being of the infant.

Miller and Moore have conducted research on behavior observation. They note that adolescent mothers have lower frequency in a quality of vocalizing and are less expressive.[12] Teen mothers exhibit poorer quality of play and less reciprocity. Stressors cause the adolescent to lose control over feelings and the young teen feels sad and blue. They feel tense and edgy and worried over financial problems.

Singh, Torres and Forrest state that mothers younger than 18 and unmarried mothers are the least likely to obtain first-trimester care (49 percent and 56 percent, respectively), and the most likely to obtain care only in the third trimester or none at all.[13]

There are both financial and nonfinancial reasons blocking access to prenatal care as revealed by Koska.[14] Koska reveals that reasons for blocking access to prenatal care are both financial and nonfinancial. These include

---

[12]Brent C. Miller and Kristin A. Moore, "Adolescent Sexual Behavior, Pregnancy and Parenting: Research Through the 1980's," Journal of Marriage and the Family, No. 52 (November 1990): 1037.

[13]Sushella Singh, Aida Torres and Jacqueline Darroch Forrest, "The Need for Prenatal Care in the United States: Evidence from the 1980 National Natality Survey," Family Planning Perspective, No. 17 (May 1985): 118.

[14]Mary T. Koska, "Hospital Prenatal Care Program Are An Ounce of Prevention," Hospitals, No. 64 (March 1990): 54.

lack of transportation, inconvenient clinic hours, waiting time both to obtain an appointment and in the clinic, child care needs during doctor visits and language barriers. In addition, a lack of understanding of the importance of prenatal care and negative attitudes towards health care providers are further reasons that women do not seek prenatal care.

Teen pregnancy and lack of prenatal care has direct implications on the health field. A major impact is infant mortality. The main reason for infant mortality is low birth weight. One in eight black newborns is underweight (less than 5.5 pounds) compared to one in 18 white newborns.

Rowe reports that low birth weight babies are 40 times more likely to die in the first month of life than those weighing more.[15] Those who do survive are twice as likely to suffer one or more handicaps, including mental retardation, deafness, blindness, learning disabilities, delayed speech, autism, cerebral palsy, epilepsy or chronic lung disease.

In the 46th Report from the Committee on Government Operations, the Department of Health and Human Services has long held the view that three-fourths of health risks associated with low birth weight can be evaluated in the

---

[15]Patricia Rowe, "Preventing Infant Mortality: An Investment in the Nation's Future," Children Today, No. 18 (January 1989): 17.

first prenatal visit and interventions can reduce the risk.[16]

According to the Government Accounting Office (GAO), the average cost for professional prenatal care services not including labor and delivery fees is $400.00. The GAO reports that newborn intensive care cost average $15,000 for each infant in 1985, totalling $24-33 billion.[17] The savings from lower neonatal intensive care cost and other expenses associated with low birth weight babies should result in a net savings to the federal government and society.

Theoretical Framework

The ecological perspective as proposed by Bronnfenbrenner will inform this research study. The ecological perspective represents a philosophical conception of human beings as active, purposeful and having potential for growth, development and learning throughout the life cycle.[18]

It is useful in viewing the growing adolescent as an active agent in a series of interlocking systems. The systems range from the microsystems of the family and the

---

[16]Congress. House. Committee on Government Operations, Barriers to Prenatal Care: Can the United State Do More with Less, 100th Cong., 2d Sess., 1988, Government Printing Office, p. 3.

[17]Ibid, p. 11.

[18]Gibbs and Huang, p. 6.

school to the macrosystems government, social and economic systems.[19] This perspective is very relevant in analyzing the impact of poverty on adolescents. When children are both poor and members of the minority, the negative and long term impact of poverty increases significantly.

The ecological perspective is used in assessing an adolescent's psycho-social functioning in the family, the school, the peer group and community.[20] The impact of these systems on minority youth cannot be overestimated, since they form the setting for socialization.

Adolescents are often in conflict between two competing sets of values and norms which require them to develop one set of behaviors in the family setting and another set in the school and community settings. When these behaviors are demonstrated, emotional stress sets in. It is expressed in various forms including behavior disorders, school adjustment forms, delinquency or depression.

Definition of Terms

Adolescent: A person who is 13 and under 18.

African-American: Any person who is a U.S. citizen and identifies themselves with African heritage.

---

[19]Ibid.

[20]Ibid., p. 7.

Postnatal Mortality: The death of a newborn that occurs from the 28th day of life through the first year of life.

Morbidity: Of or caused by disease.

Neonatal Mortality: The death of a newborn that occurs from the first day of life through the 27th day of life.

Low Birth Weight: Babies born at 5.5 pounds or less.

Prenatal Care: A planned program of medical assistance, psychosocial evaluation, health ed and special services directed towards a pregnant woman's pregnancy, labor and delivery.

Infant Mortality Rate: The demographic measure of the number of neonatal deaths that occur in proportion to the population as a whole or to the population of potential mothers.

Medicaid: A federally funded program that provide payment for hospital and medical services to people who cannot afford it themselves.

Morbidity Rate: The proportion of people in a specific population who are known to have a specific disease or disorder during a certain time period.

Neonatal: Pertaining to newborn infants.

Summary

Lack of use of prenatal care services among African-American pregnant teens poses a problem. In summary it has been found that adolescents is the time of transition inclusive of experimentation. Most likely sexual experimentation leads to an unplanned pregnancy. Early childbearing often results in limitations on the teenager's life and has major dilemmas that impact the teen mother, family and baby. Lack of opportunity, training or education often results in a bleak future. The end result is that the teen mother becomes a member of the underclass.

CHAPTER THREE

METHODOLOGY

Research Design

This study is a descriptive study intended to reveal the major factors that contribute to African-American adolescents utilization of prenatal services in the Atlanta metropolitan area. Particular importance is placed on levels of satisfaction and accessibility factors regarding prenatal care.

Sampling

The purposive nonprobability convenience sample was used. This sample consisted of the individuals who were convenient to the researcher and willing to respond to this researcher's questionnaire. Thirty African-American women between the ages of 13-18 were used. Criteria required that the subjects be between 13-18 and pregnant.

Data Collection

The data for this study was obtained through individual interviews with each participant using a structured questionnaire with fixed alternative choices and

two open-ended questions. Subjects were asked to choose one response from a number of predetermined electives. Confidentiality and anonymity was ensured. Persons were given the option to refuse to participate in the study.

The study was conducted at Atlanta Job Corp. Each participant was interviewed initially. In each individual interview the purpose and goals were given. Clear instructions for completing the questionnaire were provided.

Before administering the questionnaire preliminary task was completed. This included written permission to Dr. Susie Howard, Manager of Health Services at Atlanta Job Corp, and she was supplied with a copy of the questionnaire.

Each participant was informed that the questionnaire would take approximately 20 minutes. Expression of thanks were given to all subjects. The questionnaires were collected from the participants the same day of completion.

The instruments utilized consisted of 51 questions that were developed by the researcher. The questionnaire contained five sections:

1. Demographics
2. Utilization
3. Level of Satisfaction
4. Accessibility
5. Personal Perceptions

Data Analysis

The collected data was coded and analyzed using SPSSX batched system on the VAX Computer System of the Clark

Atlanta University Center. The descriptive statistics used to analyze the data included frequency distribution, percentage and means.

CHAPTER FOUR

PRESENTATION OF RESULTS

The objective of the study was to explore the attitudes and perceptions of African-American adolescents' utilization of prenatal care services. In particular the purpose of this investigation was to obtain information about utilization, accessibility of care, levels of service satisfaction, and personal perceptions concerning prenatal care. The responses of 30 African-American adolescent subjects to an interview comprise the study data; the researcher developed and designed the interview instrument.

Demographics

Question 1: How old are you?

Of the 30 African-American female adolescents studied at Job Corp 60% were 18 years old; 7% were 17 years old; 13% were 16 years old; 17% were 15 years old; 3% were 14 years old.

Question 2: What is your marital status?

Eighty percent of the respondents have never been married while 14% reported they were married. 3% indicated they were divorced; 3% indicated other as marital status.

Question 3: Please state your religion.

Forty-five percent of the respondents indicated that Baptist was their religion of choice; 28% did not indicate a religion; 14% are Holiness; 10% are Seventh Day Adventist; 3% did not indicate a choice.

Question 4: What is your total household income per year?

Forty-three percent indicated their income was less than $1,000; 29% reported income between $5,000-10,000. Fourteen percent reported income between $1,000-$5,000; 14% reported no income.

Question 5: How much education do you have?

Seventy-seven percent reported receiving at least a high school education; 20% reported dropping out of school; 3.0% reported receiving only a junior high school education.

Question 6: How long have you been in Atlanta?

Fifty-seven percent indicated they have lived in Atlanta all their lives; 30.0% indicated they have lived in Atlanta between 7 months to 1 year; ten percent indicated they have lived in Atlanta 2 to 10 years; 3.0% have lived in Atlanta less than 6 months.

Question 7: How many children do you have?

Fifty percent of the respondents reported having 1 child; 30 respondents having no children; 7% reported two children; 7% reported three children, 3.0% reported four children, 3% reported five children.

Question 8: How many months pregnant are you?

Of the 30 respondents 25% were less than 3 months pregnant; 41% were between 3-5 months pregnant; 21% were 6-7 months pregnant; 3% were 8-9 months pregnant; 10% were unsure how many months they were.

Question 9: How many prenatal visits have you had during this pregnancy?

Thirty-seven percent of the women indicated they have had between 1-3 prenatal visits in the first trimester; 37% indicated they have made 8-13 prenatal care visits during the final trimester; 24% have made 4-6 visits during second trimester (see Table 1).

Table 1

DEMOGRAPHIC FACTORS FOR AFRICAN-AMERICAN ADOLESCENTS UTILIZATION OF PRENATAL CARE SERVICES (N = 30)

FACTORS	FREQUENCIES	PERCENTAGES
Years In Age		
18	18	60.0
15	5	17.0
16	4	13.0
17	2	7.0
14	1	3.0
Marital Status		
Never Married	24	80.0
Married	4	14.0
Divorced	1	3.0
Other	1	3.0

Table 1 (cont.)

Religion		
Baptist	13	45.0
Did not respond	8	28.0
Holiness	4	14.0
Seventh Day Adventist	3	10.0
Nondenominational	1	3.0
Number of Children		
None	9	30.0
1	5	50.0
2	2	7.0
3	2	7.0
4	1	3.0
5	1	3.0
Gestational Age		
3-5 months	12	41.0
less than 3 months	7	25.0
6-7 months	6	21.0
Unsure	3	10.0

Utilization

Question 10: Are you currently receiving prenatal care?

Seventy-seven percent of the respondents reported they are currently receiving prenatal care; while 23% are not receiving prenatal care.

Question 11: Does cost determine whether you attend prenatal care?

When asked whether or not cost determines if they attend prenatal care, 87% responded no while 13% indicated yes.

Question 12: When did prenatal visits begin?

Eighty-three percent indicated that prenatal care visits begin in the first trimester; 10% begin in the second trimester; 7% began visits in third trimester.

Question 13: Do you have a choice as to where to go for the utilization of health care?

Sixty percent responded they did have a choice as where to go for the utilization of health care; 40% did not.

Question 14: When was the last time you attended a prenatal care clinic?

Seventy percent attended a prenatal care clinic between 0-6 months; 23% had been 7-9 months; 7% had never attended a prenatal care clinic.

Question 15: How often do you see prenatal care provider?

When asked how often do you see your prenatal care provider, 55% go monthly; 28% go bi-monthly; 17% go weekly.

Question 16: Where do you go for prenatal care?

Fifty-three percent of respondents receive prenatal care from Grady; 17% have private doctors; 3% go to Sunset; 3% go to West Lake; 3% go to Southside; 3% go to Southwest; 3% go to Oakhurst; 3% go to HealthSouth; 3% go to Neighborhood Union; 3% go to Crawford Long.

Question 17: How long do you have to wait to receive services?

Fifty-two percent of the respondents had to wait less than 1 hour for services; 24% had to wait 2 to 3 hours; 17% had to wait 1 to 2 hours; 7% had to wait more than 3 hours.

Question 18: What prenatal care facility would you recommend to your friends?

When asked if the young women would recommend a prenatal care clinic to a friend, 27% recommended Grady Memorial Hospital; 23% recommended Crawford Long; 23% did not respond to the question; 14% recommended West Lake; 13% recommended Southside Health Clinic (see Table 2).

Table 2

UTILIZATION FACTORS FOR AFRICAN-AMERICAN ADOLESCENTS ENROLLED IN PRENATAL CARE (N = 30)

FACTORS	FREQUENCIES	PERCENTAGES
Receiving Prenatal Care		
Yes	23	77.0
No	7	23.0
When Prenatal Care Began		
First Trimester	25	83.0
Second Trimester	3	10.0
Third Trimester	2	7.0
How Often Seen by Provider		
Monthly	16	55.0
Bi-Monthly	8	28.0
Weekly	6	17.0
Waiting Time to See Provider		
Less than 1 hour	15	52.0
2 to 3 hours	7	24.0
1 to 2 hours	5	17.0
More than 3 hours	3	7.0

Level of Satisfaction of Services

Question 19: How satisfactory were those services?

Forty-eight percent of the respondents were very satisfied with their prenatal care services; 38% were satisfied; 10% were uncertain; 4% are unsatisfied.

Question 20: At this prenatal clinic, I feel free to ask questions.

Sixty percent of the respondents felt free to always ask questions; 20.0% sometimes felt free to ask questions; 17% felt they usually could ask questions; 3% felt they could never ask questions.

Question 21: The staff at this prenatal clinic keeps me informed of my progress.

Sixty-nine percent of the respondents felt they were informed of their progress; 14% felt they were sometimes informed; 10% felt usually informed; 7% felt never informed.

Question 22: The staff at this prenatal clinic spends enough time discussing my problems.

Forty-eight percent felt that the staff spent enough time discussing problems; 20% felt sometimes they discussed problems; 10% felt usually discussed problems; 10% never discussed problems; 10% felt unsure discussing problems.

Question 23: How will you rate the approach received from the staff at your prenatal care provider?

Forty-eight percent of the respondents rated the staff's approach at very good; 45% rated the approach as good; 7% rated it poor.

Question 24: How will you rate the approach received from the doctors at your prenatal care facility?

Fifty-nine percent of the respondents rated the approach of their doctor as very good; 31% rated the approach as good; 10% rated the approach as poor.

Question 25: How do you feel when you come to your provider for the utilization of health care?

Forty-five percent of the respondents felt very good when they went to their provider; 45% felt only good; 10% felt fair.

Question 26: If you were to tell anyone about the utilization of health care services provided by health care provider, what would you tell them?

If asked to tell about the health care services provided by the provider 57% of the respondents stated they would say it was very good; 33% say it was good; 10% say it was fair (see Table 3).

Table 3

SERVICE SATISFACTION LEVELS FOR AFRICAN-AMERICAN ADOLESCENTS ENROLLED IN PRENATAL CARE (N = 30)

FACTORS	FREQUENCIES	PERCENTAGES
Satisfaction with Care		
Very Satisfactory	15	48.0
Satisfactory	11	38.0
Uncertain	3	10.0
Unsatisfactory	1	4.0
Free to Ask Questions		
Always	18	60.0
Sometimes	6	20.0
Usually	5	17.0
Never	1	3.0
Informed of Progress		
Always	20	69.0
Sometimes	4	14.0
Usually	3	10.0
Never	3	7.0
Discussing Problems		
Always	14	48.0
Sometimes	7	22.0
Usually	3	10.0
Never	3	10.0
Unsure	3	10.0

Accessibility

Question 27: How do you pay for your medical care when you have/had your baby(ies)?

Eighty-four percent indicated they pay for medical care by Medicaid; 10% have private insurance; 3% have money from savings; 3% indicated other means of paying for medical care.

Question 28: How did you hear about this prenatal clinic?

Forty-one percent of the young women heard about their prenatal clinic through the doctor or nurse; 24% found out through a friend; 18% indicated that a relative told them about a clinic. 17% found out about the clinic because they live near the clinic.

Question 29: Are the clinic's hours convenient for you?

Eighty-seven percent of the respondents found the hours of their preferred clinic to be convenient; 13% did not.

Question 30: Have you experienced any of the following difficulties in obtaining prenatal care?

Sixty-nine percent of the young women experienced no problems when seeking prenatal care; 21% experience problems with the Medicaid system; 7% had difficulties with financial problem; 3% had difficulties transportation.

Question 31: How do you usually arrange for your medical appointment?

Fifty-nine percent stated they call ahead and schedule appointments; 32% responded with other ways of arranging appointments; 3% drop in when it is convenient; 3% ask a friend to call; 3% ask a relative to call.

Question 32: Is transportation ever a problem for you when visiting the prenatal clinic?

Sixty percent of the respondents never had a problem with transportation; 20% sometimes had a problem with transportation; 13% frequently had problems; 6% never had problems.

Question 33: What form of transportation do you use to get to your appointment?

Sixty percent of the respondents use city transportation/Marta to get to appointments; 23% use family car; 13% use other arrangements; 4% walk.

Question 34: How close do you live to the clinic?

Thirty-one percent live 6-15 miles from prenatal care provider; 21% live within 1 mile; 21% live 1 to 5 miles; 21% were unsure; 6% live more than 15 miles.

Question 35: Who takes care of your children during your prenatal visit?

Forty-one percent of the respondents indicated they have no children that need to be taken care of; 35% leave their children with a relative; 7% make other arrangements; 7% take their children along; 7% state the children stay home; 3% leave children with friends (see Table 4).

Table 4

ACCESSIBILITY FACTORS FOR AFRICAN-AMERICAN ADOLESCENTS ENROLLED IN PRENATAL CARE (N = 30)

FACTORS	FREQUENCIES	PERCENTAGES
Medical Coverage		
Medicaid	25	84.0
Private insurance	3	10.0
Savings	1	3.0
Other	1	3.0
Referral Source		
Doctor/Nurse	12	41.0
Friend	7	24.0
Relative	6	18.0
Live near clinic	5	17.0
Scheduling Appointments		
Call ahead and schedule	18	59.0
Other	9	32.0
Drop in when convenient	1	3.0
Ask a friend to call	1	3.0
Ask a relative to call	1	3.0
Mode of Transportation		
Marta	17	60.0
Family car	7	23.0
Other arrangement	6	13.0
Distance from Clinic		
6 - 15 miles	9	31.0
Within 1 mile	6	21.0
1 - 5 miles	6	21.0
Unsure	6	21.0
15 miles or more	3	6.0
Child Care Arrangements		
No children	13	41.0
Relative	10	35.0
Take them along	2	7.0
Stay at home	2	7.0
Other	2	7.0
Friend	1	3.0
Clinic Hours		
Convenient	26	87.0
Inconvenient	4	13.0

Table 4 (cont.)

FACTORS	FREQUENCIES	PERCENTAGES
Obstacles to Care		
None	20	69.0
Medicaid system	6	21.0
Financial problems	2	7.0
Transportation	1	3.0

Personal Perceptions

Question 36: Did you and your partner plan or expect this pregnancy?

Sixty-seven percent of the respondents reported that the pregnancy was unplanned while 33.0% indicated it was planned.

Question 37: What were your feelings when you discovered that you were pregnant?

When the respondents found out they were pregnant 30% reported were somewhat happy; 27% indicated they were unsure, 23% were very happy; 10% were very unhappy; 7% were somewhat unhappy; 3% indicated other.

Question 38: Who was important to you in helping you to decide to enter into prenatal care?

Forty-four percent of the young women indicated that their mother helped them decide to seek prenatal care; the husband, boyfriend, doctor or friend were all of equal

influence at 10% each. Other relatives or other were of equal influence at 8% each.

Question 39: How comfortable do you feel being examined by a doctor/nurse?

Forty-eight percent responded they felt very comfortable when being examined; 21% were unsure of how they felt; 17% felt somewhat comfortable; 7% felt somewhat uncomfortable; 7% felt very uncomfortable.

Question 40: How important was it for you to receive prenatal care during this pregnancy?

It was very important to 69.0% of the respondents to receive prenatal care; 28% felt it was somewhat important to receive prenatal care; 3% felt unsure of its importance.

Question 41: When do you think pregnant women should first seek prenatal care?

Sixty-six percent of the respondents feel women should seek care when they think they are pregnant; 20% say after missing two periods; 7% say when they begin to show; 7% say around 5 to 7 months.

Question 42: Do you think most women seek prenatal care as early as they should?

Sixty-two percent of the respondents feel that women do not seek prenatal care as early as they should; 24% said yes; 14% stated they don't know.

Question 43: What do you think accounts for the increasing number of adolescents/teenagers who become pregnant?

Twenty-seven percent say lack of sex education and 27% say peer pressure account for increasing numbers of adolescent teenagers getting pregnant; 14% say its because lack of moral values; 10% say its because of lack of parental support and 10% say for other reasons and 10% say lack of alternatives; 3% say its lack of religious values (see Table 5).

Table 5

PERSONAL PERCEPTIONS OF AFRICAN-AMERICAN ADOLESCENTS ENROLLED IN PRENATAL CARE (N = 30)

FACTORS	FREQUENCIES	PERCENTAGES
Personal Influence to Care		
Mother	14	44.0
Husband	3	10.0
Boyfriend	3	10.0
Friend	3	10.0
Doctor	3	10.0
Other relative	2	8.0
Others	2	8.0
Comfortable with Examination		
Very comfortable	14	48.0
Unsure	7	21.0
Somewhat comfortable	5	17.0
Somewhat uncomfortable	2	7.0
Very uncomfortable	2	7.0
Feelings Towards Pregnancy		
Somewhat happy	10	30.0
Unsure	8	27.0
Very happy	7	23.0
Very unhappy	3	10.0
Somewhat unhappy	2	7.0

Table 5 (cont.)

FACTORS	FREQUENCIES	PERCENTAGES
When Should Women Seek Prenatal Care		
When they think they are pregnant	20	67.0
After missing two periods	6	20.0
When they begin to show	2	7.0
Around 5-7 months	2	7.0
Reasons for Becoming Pregnant		
Lack of sex education	8	27.0
Peer pressure	8	27.0
Lack of moral value	4	13.0
Lack of parental supervision	3	10.0
Lack of alternatives	3	10.0
Other	3	10.0
Religious values	1	3.0
Value Attached to Care		
Very important	20	69.0
Somewhat important	8	28.0
Unsure	1	3.0

Question 44: If sex education helps to prevent adolescent/teenager pregnancy, at what age do you think that sex education should begin?

Forty-three percent of the respondents say that sexual education should begin in Middle School ages 11-14 yrs.; 40% state it should begin in Elementary School at 6-10 years; 14% state it should begin in Preschool ages 4-5. 3% state it should begin in High School (see Table 6a).

Table 6A

CURRENT ATTITUDE TOWARDS SEX EDUCATION OF AFRICAN-AMERICAN ADOLESCENTS ENROLLED IN PRENATAL CARE (N = 30)

FACTORS	FREQUENCIES	PERCENTAGES
Sex Education Should Begin		
Middle School (11-14 yrs.)	13	43.0
Elementary School (6-10 yrs.)	12	40.0
Preschool (4-5 yrs.)	4	14.0
High School (15 yrs. and up)	1	3.0

Question 45: What do you think is most responsible for providing sex education to adolescents and teenagers?

Seventy-seven percent of the respondents feel that parents are responsible for sex education; 10% state the teacher is responsible; 7% indicate the doctor is responsible while 3% feel friends and 3% feel others are responsible (see Table 6b).

Table 6B

CURRENT ATTITUDE TOWARDS SEX EDUCATION OF AFRICAN-AMERICAN ADOLESCENTS ENROLLED IN PRENATAL CARE (N = 30)

FACTORS	FREQUENCIES	PERCENTAGES
Who is Responsible for Sex Education		
Parents	23	77.0
School Teachers	3	10.0
Family Doctor	2	7.0
Friends	1	3.0
Other	1	3.0

Question 46: Do you have a choice about the medical facility to receive services?

Fifty-seven percent of the respondents have a choice about the medical facility in which they receive services; 43% do not.

Question 47: Do you have health insurance?

Fifty-seven percent of the respondents do not have health insurance; 43% indicate they do.

Question 48: In general, would you say that your physical health has been:

Fifty-seven percent of the respondents indicate they have excellent health; 43% indicate good health.

Question 49: Has a doctor ever told you that you had any of the following diseases:

Eighty-four percent of the respondents indicated they have no diseases; 13% indicated a sexually transmitted disease; 3% indicated high blood pressure.

Question 50: How well do you get along with your family?

Forty-seven percent of the respondents indicated they get along with their family very well; 40% get along well; 10% indicated fair; 3% indicated poor.

Question 51: Do you think there is a relationship between substance abuse/use and birth defects?

When asked if there is a relationship between substance abuse/use and SIDS 50% indicated yes; 23% responded no; 27% responded do not know (see Table 7).

Table 7

PERSONAL PERCEPTION OF RELATIONSHIP BETWEEN SUBSTANCE ABUSE AND BIRTH DEFECTS OF AFRICAN-AMERICAN ADOLESCENTS ENROLLED IN PRENATAL CARE (N = 30)

FACTORS	FREQUENCIES	PERCENTAGES
Is There a Relationship Between Substance Abuse and Birth Defects		
Yes	15	50.0
Do not know	8	27.0
No	7	23.0

CHAPTER FIVE

DISCUSSION AND SUMMARY

The findings are insightful and provide instructive information about the African-American adolescent and their utilization of prenatal care services.

Demographics

The majority of African-American adolescents in this study were 18 years of age. Additionally, many of these same young women have one child. This implies that the young women have some experience with prior medical services, and find prenatal care of great importance in their pregnancy.

A significant number of African-American women are single. This information is vital because it emphasizes the importance of securing networks. Family and friends are a critical link in an adolescent's life. Lack of social support leads to social isolation which in turn could consequently result in delayed or avoided prenatal care.

This study also found that a significant number of prenatal visits began in the first trimester, the most critical period of the developing fetus.

Utilization

This section reviewed information that was relevant to the usage of prenatal care facilities and factors associated with utilization. Respondents were to reflect over their use of prenatal care services.

In this study a majority of the pregnant adolescents were receiving prenatal care services. More than half had initiated prenatal care in their first trimester. Most are seen by their doctor on a monthly basis. Unlike other studies, these pregnant African-American adolescent females had no financial barriers that kept them from prenatal care. Medical expenses were paid through Medicaid.

Level of Satisfaction

The third section of the questionnaire asked the respondents to register their satisfaction with the level of services offered by the clinic staff. Particularly, the study examined satisfaction with the information provided by prenatal caregivers. The majority of the pregnant adolescents were very satisfied with the prenatal care they received at the clinic. The persons who claimed a high level of satisfaction are more probable to continue regular prenatal appointments and ensure healthier birth outcomes.

Accessibility

The fourth section asked the respondents to register their feelings with relating to accessibility factor and the manner in which arrangements were made to come to the clinic. Access can be defined as availability, accommodation, acceptability and affordability. Many respondents called ahead and scheduled their own appointments. They travel to and from the prenatal clinic using public transportation -- city bus. The clinic hours were found to be most convenient.

Personal Perceptions

This section was important in assessing the individual attitudes and perceptions that African-American adolescents have regarding their pregnancy, prenatal care and knowledge about social issues. The person most influential to advocate for care is the mother. This implies the strong persuasion of family members. It appears that the feelings towards pregnancy was only somewhat happy. However, the pregnancy examination was very easy for the respondents.

Summary

In summary, it has been found that adolescents is the time of transition inclusive of experimentation. It has been found that age and race are strong predictors of premarital sexual activity for women. The older the

adolescent is the more likely she is to have engaged in premarital intercourse. Most likely sexual experimentation leads to an unplanned pregnancy. Early childbearing often results in limitations on the teenager's life and has major dilemmas that impact the teen mother, family and baby. Lack of opportunity, training or education often results in a bleak future. The end result is that the teen mother becomes a member of the underclass.

Limitations of the Study

Due to the purposive non-random sample population size, the researcher will not generalize findings to the total population. The researcher can only state that the results can be applied to this sample group. Additionally, the instrument utilized, points the way to future questionnaires. Some of the questions used proved to be too specific or too vague.

Suggested Research Directions

Replicating this study within a larger population and more time would benefit professionals in the health care field. It is the researcher's belief that more areas need to be assessed that could have an impact of the entrance of the prenatal care process. Studies should include additional questions relating to cultural attitudes, values, and beliefs. Analyzing social support systems, such as

education system and/or teen pregnancy programs, are very insightful too. Examination of stress levels and coping mechanisms might give information on the level of satisfaction with the African-American population.

A follow-up study should be conducted to see how the young mothers felt about the pregnancy and prenatal care services after delivery.

A comparative study should be conducted at a teen parenting education program to see if the levels of satisfaction, accessibility and personal perceptions differ from the job corp setting, including questions regarding the relationship with unborn's father.

CHAPTER SIX

SOCIAL WORK IMPLICATIONS

This research is directed toward enhancement of understanding of health services for pregnant African-American adolescents by assessing factors of accessibility, utilization, satisfaction levels and personal perceptions about prenatal care. The care of low income and adolescent mothers and their children has been variously the responsibility of health-care organizations, schools, community mental health workers and local welfare agencies.

Policy organization, technology and the individual treatment setting all affect the relationship between social workers and the teen mother. Social workers must facilitate teens coping with complexities of contemporary urban hospital systems, to work through the early crises of motherhood and to reach some important personal goals. Social workers can provide direct services in counseling, resources, supportive services to those enlisting in prenatal care programs.

Good quality care requires intra- and interorganizational professional networks. If individual professionals work in isolation, conflicting messages may confuse the adolescent mother who often lacks experiences

and definitive goals. Social workers, individually and organizationally, should participate with other groups to lobby actively at local, state and federal levels on behalf of pregnant adolescents in order to improve their access to prenatal care services, to improve the birth outcomes, and to advocate for increased funding for appropriate education, prevention, intervention, and services.

Social workers have a vital role in helping these young African-American adolescents with identifying needed resources and acquire good parenting skills. Most importantly, all care providers should respect the individuality of the pregnant African-American adolescent and the importance of the individual's relationship with family, partners, and close friends. The diversity of interpersonal relationships and support systems should be recognized, nurtured and strengthened.

Results of this study point to the critical need for more emphasis in pregnancy prevention in light of statistics which identify these African-American adolescents at a risk of having another child during adolescence. Social workers must actually assist these young African-American women in identifying alternatives to activities that could lead to repeated pregnancies.

Social workers are uniquely sensitive and trained for the tasks involved in fulfilling this primary role. Professional skills in intervention, such as education,

family therapy, community organization, group therapy, behavior modification and social skills training, can be used to develop programs aimed at modifying behaviors that contribute to teen pregnancy.

APPENDIX

March 19, 1992

Dr. Susie Howard
Job Corp of Atlanta
239 West Lake Avenue
Atlanta, GA 30315

Dear Dr. Howard:

I am a graduate student at Clark Atlanta University School of Social Work. I am requesting permission to conduct a research study on the "Utilization of Prenatal Care Services by the African-American Adolescents in Atlanta, Georgia", Monday, March 23, 1992.

The questionnaire is composed of approximately 50 questions. It will take about 20 minutes to complete. A final copy of the research study will be made available to your facility. The objective of this research project is to understand how best to meet the health care needs of the pregnant African-American adolescent population in Atlanta.

In order to assure anonymity, the respondent's or participant's name will not appear on the questionnaire. Instead, a code number has been assigned for purposes of confidentiality.

Your help is greatly appreciated. I sincerely believe that the results of this research project can have an impact on the quality of health care services provided to the pregnant African-American population. You may contact me at home 948-8513 or through Professor Hattie Mitchell, Thesis Supervisor 880-8555, if you have any particular concerns about this project.

Sincerely yours,

Tracey Bowers

Tracey Bowers

Hattie M. Mitchell

Hattie Mitchell
Thesis Supervisor

NOTICE OF INFORMED CONSENT

Dear Participant:

Your participation is requested in a research project which investigates attitudes and perceptions regarding prenatal care among African-American adolescents.

This study is being conducted by Tracy Bowers, as a Masters Thesis research project in the Social Work Department at Clark Atlanta University, Atlanta, Georgia.

This information will help to further understand the needs of pregnant African-American adolescents so that we may serve them more effectively.

If you agree to participate in this study you should know that your participation is voluntary. If you have any questions regarding the study, please contact Tracy Bowers at (404) 948-8513 for further information.

If you agree to participate in this research project please give your signature below. Your participation in this study is valuable and sincerely appreciated. Thanks for your help.

_____

Signature

☐ I have read the information above and agree to participate in this research study.

QUESTIONNAIRE FOR PREGNANT AFRICAN-AMERICAN ADOLESCENTS RECEIVING PRENATAL CARE

SPECIAL NOTE:

1. This questionnaire will take approximately 20 minutes to complete. Please answer each question.

2. Your responses will be kept anonymous. There are no identifying marks on the questionnaire. Results of this study will be presented in a manner that safeguards the identity of individual respondents.

3. This is not a test so there are no right or wrong answers.

<u>Demographics</u>

1. How old are you?

   a. 13 or younger
   b. 14
   c. 15
   d. 16
   e. 17
   f. 18 or older

2. What is your marital status?

   a. Never married
   b. Married
   c. Separated
   d. Divorced
   e. Widowed
   f. Other

3. Please state your religion:_____

4. What is your total household income per year?

   a. less than 1,000
   b. 1,000-5,000
   c. 5,000-10,000
   d. 10,000-15,000
   e. 15,000-20,000
   f. above 20,000

5. How much education do you have?

   a. Junior High School
   b. High School
   c. Dropout

6. How long have you been in Atlanta?

   a. Less than 6 months
   b. 7 months to 1 year
   c. 2 to 10 years
   d. 11 to 30 years
   e. All my life
   f. Don't know

7. How many children do you have?

   a. None
   b. One
   c. Two
   d. Three
   e. Four
   f. Five
   g. Six
   h. Seven or more

8. Who was important to you in helping you to decide to enter into prenatal care?

   a. Husband
   b. Boyfriend
   c. Mother
   d. Other relative
   e. Friend
   f. Doctor
   g. Other_____

9. How many prenatal visits have you had during this pregnancy?

   a. First trimester
   b. Second trimester
   c. Third trimester
   d. Total

Utilization

10. Are you currently receiving prenatal care?

    a. Yes
    b. No

11. Does cost determine whether you attend prenatal care?

    a. Yes
    b. No

12. When did prenatal visits begin?

    a. First trimester
    b. Second trimester
    c. Third trimester
    d. Total

13. Do you have a choice as to where to go for the utilization of health care?

    a. Yes b. No

14. When was the last time you attended a prenatal care clinic?

    a. 0-6 months
    b. 7-9 months
    c. Never

15. How often do you see prenatal care provider?

    a. Weekly provider
    b. Bi-monthly
    c. Monthly

16. Where do you go for prenatal care?_____

17. How long do you have to wait to receive services?

    a. less than 1 hour b. 1 to 2 hours
    c. 2 to 3 hours d. more than 3 hours

18. What prenatal care facility would you recommend to your friends?

    a. Grady Memorial Hospital
    b. West Lake Medical Center
    c. Southside Community Health Center
    d. Crawford Long Hospital
    e. Other (specify_____)

<u>Level of Satisfaction of Services</u>

19. How satisfactory were those services? Would you say they were:

    a. Very satisfactory d. Unsatisfactory
    b. Satisfactory e. Very unsatisfactory
    c. Uncertain

20. At this prenatal clinic, I feel free to ask questions:

    a. Always d. Never
    b. Usually e. Unsure
    c. Sometimes

21. The staff at this prenatal clinic keeps me informed of my progress:

    a. Always
    b. Usually
    c. Sometimes
    d. Never
    e. Unsure

22. The staff at this prenatal clinic spends enough time discussing my problems:

    a. Always
    b. Usually
    c. Sometimes
    d. Never
    e. Unsure

23. How will you rate the approach received from the staff at your prenatal care provider?

    a. Very good
    b. Good
    c. Poor
    d. Don't know

24. How will you rate the approach received from the doctors at your prenatal care facility?

    a. Very good
    b. Good
    c. Poor
    d. Don't know

25. How do you feel when you come to your provider for the utilization of health care?

    a. Very good
    b. Good
    c. Fair
    d. Bad

26. If you were to tell anyone about the utilization of health care services provided by health care provider, what would you tell them?

    a. It is very good.
    b. It is good.
    c. It is fair.
    d. It is poor.

Accessibility

27. How do you pay for your medical care when you have/had your baby(ies)?

    a. Private insurance
    b. Medicaid
    c. Money from Savings
    d. Borrowed money
    e. Other, specify_____

28. How did you hear about this prenatal clinic?

    a. Friend
    b. Relative
    c. Doctor/Nurse
    d. Live near clinic
    e. Telephone book
    f. Referral
    g. Other_____

29. Are the clinic's hours convenient for you?

    a. Yes
    b. No

30. Have you experienced any of the following difficulties in obtaining prenatal care?

    a. Financial problems
    b. Transportation
    c. Medicaid system
    d. Other (specify_____)
    e. None

31. How do you usually arrange for your medical appointment?

    a. Call ahead and schedule
    b. Drop in when it's convenient
    c. Ask a friend to call
    d. Ask a relative to call
    e. Other

32. Is transportation ever a problem for you when visiting the prenatal clinic?

    a. Never
    b. Sometimes
    c. Frequently
    d. Always

33. What form of transportation do you use to get to your appointment?

a. Walk
b. Family car
c. City transportation/Marta
d. Arrange ride with friend
e. Arrange ride with relative
f. Other

34. How close do you live to the clinic?

a. Within 1 mile
b. 1-5 miles
c. 6-15 miles
d. More than 15 miles
e. Unsure

35. Who takes care of your children during your prenatal visit?

a. Relative
b. Friend
c. Oldest child
d. Babysitter
e. Take them along
f. Stay at home
g. No children
h. Other _____

<u>Personal Perceptions</u>

36. Did you and your partner plan or expect this pregnancy?

a. Yes b. No

37. What were your feelings when you discovered that you were pregnant?

a. Very happy
b. Somewhat happy
c. Unsure
d. Somewhat unhappy
e. Very unhappy
f. Other

38. How many months pregnant are you?

a. Less than 3
b. 3-5 months
c. 6-7 months
d. 8-9 months
e. Unsure

39. How comfortable do you feel being examined by a doctor/nurse?

a. Very comfortable
b. Somewhat comfortable
c. Unsure
d. Somewhat uncomfortable
e. Very uncomfortable

40. How important was it for you to receive prenatal care during this pregnancy?

a. Very important
b. Somewhat important
c. Unsure
d. Somewhat unimportant
e. Not important

41. When do you think pregnant women should first seek prenatal care?

a. After missing two periods
b. As soon as they think they are pregnant
c. When they begin to show
d. Around 5-7 months
e. Around 8-9 months
f. Never

42. Do you think most women seek prenatal care as early as they should?

a. Yes
b. No
c. Don't know

43. What do you think accounts for the increasing number of adolescents/teenagers who become pregnant?

a. Lack of sexual education
b. Lack of moral values
c. Lack of parental supervision
d. Lack of religious values
e. Lack of alternatives
f. Too much peer pressure
g. Other (specify)_____

44. If sex education helps to prevent adolescent/teenager pregnancy, at what age do you think that sex education should begin?

a. Preschool (4 to 5 years)
b. Elementary (6 to 10 years)
c. Middle school (11 to 14 years)
d. High school (15 and older)
e. Don't know

45. Who do you think is most responsible for providing sex education to adolescents and teenagers?

a. Parents
b. School teacher
c. Church
d. Family doctor
e. Friends
f. Other

46. Do you have a choice about the medical facility to receive services?

a. Yes
b. No

47. Do you have health insurance?

a. Yes
b. No

48. In general, would you say that your physical health has been:

a. Excellent
b. Good
c. Fair
d. Poor

49. Has a doctor ever told you that you had any of the following diseases:

a. Diabetes (Sugar)
b. High Blood Pressure
c. Heart Trouble
d. Sickle Cell
e. Substance Abuse
f. Sexually transmitted diseases
g. HIV/AIDS
h. None of the above

50. How well do you get along with your family?

a. Very well
b. Well
c. Fair
d. Poor

51. Do you think there is a relationship between substance abuse/use and birth defects?

    a. Yes
    b. No
    c. Don't know

Thank you very much for your time.

Please look over the questionnaire to see that you have answered all the questions.

When you have finished please return the questionnaire.

WORKS CITED

Burks, Piper R. Racism, Sexism, and Social Class: Implications for Preterm Delivery Among Black Women. Paper presented as part of symposium at the monthly meeting of the Parent Infant Resource Center, Atlanta, Georgia, 29 January 1992.

Chilman, Catherine, Elam W. Nunnally and Fred Cox, eds. Families in Trouble, 5 volumes. Variant Family Forms. Beverly Hills: Sage Publications, 1988.

Dryfoos, Joy G. Adolescents at Risk: Prevalence and Prevention. New York: Oxford University Press, 1990.

Gibbs, Jewelle Taylor, Larke Nahme Huang, and Associates. Children of Color. San Francisco: Jossey-Bass Publishers, 1989.

Gordon, Sol, and Roger W. Libby. Sexuality Today and Tomorrow. Massachusetts: Duxbury Press, 1978.

Grossman, Michael, and Theodore T. Joyce. "Unobservables, pregnancy resolutions, and birth weight production functions in New York City." Journal of Political Economy 98 (October 1990): 983-1008.

Jaynes, G., and R. Williams. A Common Destiny Blacks and American Society. Washington, D.C.: National Academy Press, 1989.

Kerson, Toba Schwaber, Denise Duchainey, and Wendy Wollavage Schmid. "Maternal and child health: Teen mother-well baby clinic." In Social Work in Health Settings, ed. Toba Schwaber Kerson and Associates, 215-29. New York: The Haworth Press, 1989.

Koska, Mary T. "Hospital prenatal care programs are an ounce of prevention." Hospitals 64 (March 20, 1990): 50-55.

Ladner, Joyce. Teenage pregnancy: The implication for Black Americans. Washington, D.C.: New Directions, 1985, 65-84.

Miller, Brent, and Kristin A. Moore. "Adolescent sexual behavior, pregnancy, and parenting: Research through the 1980's." Journal of Marriage and Family 52 (November 1990): 1025-1044.

Minahan, Anne, ed. Encyclopaedia of Social Work. S.V. "Adolescent Pregnancy" by Rosina M. Becerra and Eve P. Fielder. Maryland: National Association of Social Workers, Inc., 1987.

McCuen, Gary E., ed. Children Having Children: Global Perspectives on Teenage Pregnancy. Wisconsin: Gary McCuen Publications, 1988.

Pillari, Vimala. Human Behavior in the Social Environment. California: Brooks/Cole Publishing Co., 1988.

Rowe, Patricia. "Preventing infant mortality: An investment in the nation's future." Children Today 18 (January-February 1989): 16-21.

Singh, Sushella, Aida Torres, and Jacqueline Dorroch Forest. "The need for prenatal care in the United States: Evidence from the 1980 national natality survey." Family Planning Perspective No. 17 (May 1985): 116-118.

Smith, Wrynn, Ph.D. A Profile of Health and Disease in America: Obstetrics, Gynecology, and Infant Mortality. New York: Facts on File Publications, 1987.

Spence, Susie A., Ph.D., Emmadene T. Winston, D.S.W., and James P. Adams, Ph.D. "Black adolescents' participation in a prenatal care program." Child and Adolescent Social Work 8 (October 1991): 387-397.

Spence, Susie A., Ph.D. "Black adolescents seeking prenatal care." Child and Adolescent Social Work 7 (August 1990): 285-300.

St. John, Craig, and Winston, Terry J. "The effect of social support on prenatal care." Journal of Applied Behavioral Science 25 (February 1989): 79-99.

U.S. Congress. House. Committee on Government Operations. Barriers to Prenatal Care: Can the United States Do More With Less? 10th Cong., 2d Sess. Washington, D.C.: GPO, 1988.